

Please forward assigned FOIA request to your Division Director so they can determine if request should be assigned to RA for responsive records. (This includes 6RA, 6RA-D and 6RA-DA.)

FREEDOM OF INFORMATION ACT REQUEST
EPA-R6-2015-000615

REQUEST DATE: October 18, 2014

REQUEST RECEIVED: October 20, 2014

REQUESTOR INFORMATION:

Ms. Karen Savage
The Life Support Project
15 Wakullah Street
Roxbury, MA 02119

Email: mathsavage@gmail.com
Fax: # N/A

Work Phone # 617-784-0125

FEE CATEGORY: Other

*****SUBJECT*****

- I am requesting any and all correspondence between any EPA office/region (including the Administrator) and Chemrisk (also known as Cardno Chemrisk) and it's employees regarding any and all human health effects after the explosion of BP's Deepwater Horizon well. This includes correspondence regarding the oil, the dispersants, any additional chemicals used, and any activities utilized (such as in situ burning). The dates of correspondence requested are from April 19, 2010 through today, October 18, 2014.

*****ASSIGNED OFFICE(S)*****

6EN
6PD
6SF
6WQ

DUE DATE: November 18, 2014

*****SPECIAL INSTRUCTIONS TO DIVISIONS*****

1. Always note Fee commitment by requester: \$ 25
2. Call the requester with a fee estimate, if cost is expected to exceed amount committed \$ 25
3. Each Division must obtain Division Director or delegate concurrence on denial log before routing to ARA signature.
4. Send a copy of the response and cost information sheet to the FOIA Office (6MD-OE).

*****DO NOT WRITE IN THIS SPACE, FOR FOIA OFFICE USE ONLY*****

BILLABLE COST

	\$4.00	\$7.00	\$10.25	Pages	Other	TOTAL
6EN						
6PD						
6SF						
6WQ						

ADMINISTRATIVE COST

Postage	Free Docs.	Other	TOTAL
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- I am also requesting any and all records indicating any EPA employee experienced any health impacts while working along the Gulf Coast (Louisiana, Texas, Mississippi, Alabama and Florida) during and after the clean-up operations (from April 20, 2010 to October 18, 2014.). These health impacts do not need to have been directly attributed to the oil and/or dispersant used during the disaster.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

CERTIFICATION OF ADEQUACY OF SEARCH ON
"NO RECORD" RESPONSES

I, _____, certify that I am employed by the Environmental Protection Agency, Region 6, in Dallas, Texas (or acting as a representative) as _____, that I am familiar with the records requested and/or that I am responsible for conducting the search for responsive records for Request Identification Number 06-FOI-_____, and that I have conducted an "adequate" search for responsive records by searching the below listed location(s) (as applicable):

1.

2.

3.

I further certify that I am aware that a search for responsive records need not be perfect, only adequate and that adequacy is measured and/or determined by the "reasonableness" of the effort of the search in light of the specific request. Specifically, I have searched for the documents in all places that it is practical for the documents to be located. Moreover, after conducting an adequate search for records on behalf of the _____ Division/Unit, I have located no records responsive to this request or portions thereof. Further, I am attaching an itemized listing of all records which my search supports are not in the Region's possession.

Date: _____

Signature of Person Conducting Search

Date: _____

Signature of Designated Supervisor for Person

STAFF CHECKLIST FOR TRANSMITTAL OR RECORDS/INFORMATION

06-FOI _____

	YES	NO	N/A
Program has responsive records	_____	_____	_____
Searched all possible locations (hard copy/e-mail, files in workstation, file-rooms, hard/flash/shared drives, CDs, blackberries, etc.	_____	_____	_____
Advised RFO/DFC of any special circumstances/ Sensitivity related to the FOIA Request	_____	_____	_____
Consulted with the FOIA Requester and/or RFO/DFC for further clarification of the request	_____	_____	_____
Completed "Certification of Adequate Search" form for "No Records" Response	_____	_____	_____
Completed Cost Sheet	_____	_____	_____
Provided responsive records to the assigned FOIA specialist by due date on transmittal form	_____	_____	_____

Date : _____ Signature : _____ Ext. _____

Printed Name : _____ Office Name: _____

COMMENTS: _____

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE REGIONAL FOI OFFICER ALONG WITH THE RESPONSIVE RECORDS, A COST SHEET AND "NO RECORDS" CERTIFICATION FORM (IF NECESSARY), FOR EACH FOIA REQUEST PROCESSED.

INTERNAL USE ONLY – DO NOT SEND THIS TO REQUESTER
Please read instructions on back before completing form

FOIA FEE CALCULATION WORK SHEET				
1. REQUEST NUMBER 06-FOI-	2. TYPE OF REQUESTER	3. DATE COMPLETED	4. ACTION OFFICE	
NOTE: The Freedom of Information Act and EPA's regulations state that the Federal Government must obtain a fee commitment from a FOIA requester before billing can occur. So if no fee commitment is plainly given in the request letter or if other Division also have records, please contact the requester. Provide the requester with an estimate. Make sure the requester understands what program records you refer to and make a note of his/her fee commitment.				
5. FEE COMMITMENT AMT.	6. DATE OF VERBAL/Written COMMITMENT	7. FEE COMMITMENT RECEIVED FROM		
8. CLERICAL PERSONNEL	TOTAL HRS.	¼ HOUR RATE	COST	
a. Search - \$ 4.00 @ ¼ HOUR		x \$ 4.00		
b. Review - \$ 4.00 @ ¼ HOUR		x \$ 4.00		
9. PROFESSIONAL PERSONNEL	TOTAL HRS.	¼ HOUR RATE	COST	
a. Search - \$ 7.00 @ ¼ HOUR		x \$ 7.00		
b. Review - \$ 7.00 @ ¼ HOUR		x \$ 7.00		
10. MANAGERIAL PERSONNEL	TOTAL HRS.	¼ HOUR RATE	COST	
a. Search - \$ 10.25 @ ¼ HOUR		x \$ 10.25		
b. Review - \$ 10.25 @ ¼ HOUR		x \$ 10.25		
11. DUPLICATION/REPRODUCTION	TOTAL	RATE or ACTUAL	COST	
a. Paper or Computer Page (2 sided copy = 2 pages)		x \$.15 pg =		
b. Diskette or CD (Specify) 3 CDs		\$ 1.00 each =		
c. Microfiche		x \$ 1.00/sheet =		
d. Microfilm		x \$10.00cartridge =		
e. Video or Audio Cassette (Specify)		x \$ 5.00 each =		
f. Maps		x		
g. Photos				
12. OTHER COSTS	TOTAL	RATE or ACTUAL	COST	
a. Computer Cost		x		
b. Certifications		x \$25.00 =		
c. Special Handling-Overnight Mail		x		
d. Other (Specify)		x =		
13. Actual Admin. Cost for Non-billable Staff time	TOTAL	¼ HOUR RATE	COST	
a. Preparer's Name Grade/Step		x =		
b. Preparer's Name Grade/Step				
14. FOR FOIA OFFICE USE ONLY				
a. TOTAL ADMINISTRATIVE/PROCESSING FEES		c. TOTAL CHARGED		
b. TOTAL COLLECTABLE FEES		d. FEES WAIVED/REDUCED YES OR NO		